

The objective of the bulletin is to report new health events occurring outside and inside EpiSouth area that have potential implications on EpiSouth population. It does not aim to provide an exhaustive review of international alerts. Since 2006, The French public health Institute (InVS) is issuing an *online* epidemic intelligence bulletin (Bulletin hebdomadaire International - BHI). In order to limit duplication and to make this already verified information available to a larger audience, information relating to health events of interest for EpiSouth population are translated and integrated in the relevant e-web sections. Despite all verifications, WPG team would not be responsible for potential errors. The recipient is responsible for the cautious use of this information. Neither the European Commission nor any person acting on behalf of the Commission is liable for the use that may be made of the information contained in this report. Data maps and commentary used in this document do not imply any opinion of EpiSouth countries or its partners on the legal status of the countries and territories shown or concerning their borders.

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- “OUTSIDE” Events:
 - Recall of dietary supplements – USA
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- “INSIDE” Events: none
- World – Pandemic A/H1N1/2009 influenza

Location: Egypt

Event: A(H5N1) – Human

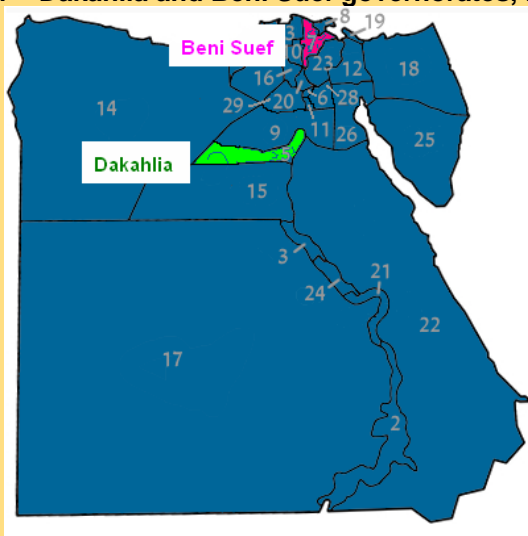
Comments

This week, Egyptian health authorities reported 2 new confirmed human cases of avian influenza A(H5N1):

- A 20 yrs old female from Ben Suef Governorate (map 1.)
 - ✓ presented symptoms on 06 January 2010,
 - ✓ was hospitalized on 11 January and received oseltamivir treatment,
 - ✓ is in a stable condition.
 - ✓ had close contact with suspect poultry.
- An 18 months old child from the Dakahlia governorate (map 1.)
 - ✓ presented symptoms on 07 January 2010,
 - ✓ was hospitalized on 12 January and received oseltamivir treatment,
 - ✓ is in a stable condition.
 - ✓ Information on contact with suspect poultry is yet unavailable.
- Since April 2006, Egypt has reported 92 confirmed human cases of avian influenza A(H5N1), 27 have been fatal.

- The occurrence of human cases of A(H5N1) in Egypt does not constitute an unexpected event.
- Since 01 January 2009, Egyptian health authorities have reported 41 cases including 4 deaths. 8 cases had been reported in 2008, 25 in 2007 and 18 in 2006.
- To date, the available information does not indicate a change in the epidemiology of the virus.

Map 1 – Dakahlia and Beni Suef governorates, Egypt.



Location: India

Event: A(H5N1) – Epizootic

Comments

- On 15 January 2010, Indian health authorities reported clusters of highly pathogenic avian influenza A(H5N1) in poultry in West Bengal (in the North-East of India, map 2.).
- Authorities reported that appropriate measures were taken to control the outbreak.

Map 2. West Bengal, India.



- The last A(H5N1) outbreak reported in West Bengal occurred at the end of October 2009.
- In 2008, 6 outbreaks had been reported to the OIE in this state.
- Available information does not suggest any changes in the epidemiology and transmission of the virus.

**REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE THE EPISOUTH AREA
(not occurring in one or several EpiSouth countries)**

Location: USA

Event: Recall of dietary supplements

Comments

- On 18 January 2010, the FDA (Food and Drug Administration, US) issued an alert regarding a counterfeit and potentially harmful version of a dietary supplement from the trademark ALLI® sold over the internet.
 - ✓ The 60 mg capsules of ALLI® used in weight loss diets usually contain orlistat, a lipase inhibitor resulting in a lesser fat absorption. It does not require medical prescription.
 - ✓ The counterfeit version contained sibutramine instead of the active ingredient. Sibutramine is a drug that should not be used without physician follow-up as it can provoke serious adverse events in certain patients. Sibutramine can also interact in a harmful way with other medications.
- The FDA, along with « MuscleMaster.com » notified consumers and health professionals of the recall of all stocks of dietary supplements « MuscleMaster » sold between 1st June 2009 and 17 November 2009 in the US.
 - ✓ The FDA indicated that recalled products contained steroids ("Superdrol", "Madol", "Tren", "Androstenedione" and "Turinabol").
 - ✓ Consumption of steroids can result in acute liver injury, male infertility, masculinisation of women, short stature in children, and increased risk of heart attack, stroke, and death.

- The recall of these dietary supplements relates to internet marketing which is often difficult to control.

- On 15 January 2010, the US CDC reported a case of human infection by swine influenza A (H3N2):
 - ✓ A 12 years old male from Iowa (map 3.),
 - ✓ had onset of symptoms on 15 September 2009, but did not require hospitalization,
 - ✓ fully recovered.
- The virus was identified and investigated in November 2009. No clear exposure to swine was identified. However, the child lived in an area where swine farms are very common. In fact, the state of Iowa produces nearly a quarter of all pork meat in the US.
- Laboratory tests indicated infection by a swine A(H3N2), strain differing from the seasonal human A(H3N2) viruses. This virus is not related to the current swine-origin 2009 H1N1 pandemic strain.
- No evidence of sustained human-to-human transmission with this virus was found.

Map 3. Iowa state, US.



- Sporadic, human cases of swine influenza are occasionally diagnosed in the US ([cf. thematic note on A\(H1N1\) swine influenza in the US.](#))
- In most cases, infections occur among persons working in close contact with swine.
- Intense laboratory surveillance implemented in the US during the autumn A(H1N1) 2009 epidemic wave, allowed for the detection of this case. To date, no further cases of A(H3N2) of swine origin have been identified in Iowa or other regions.
- The occurrence of an isolated case does not advocate for the presence of human-to-human transmission.

REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE and INSIDE THE EPISOUTH AREA

Location: World Event: Pandemic A/H1N1/2009

EpiSouth region

As of 18 January 2010, a total of **2 182 deaths** among biologically confirmed A/H1N1/2009 cases have been reported in the **EpiSouth region**. **98 new** A(H1N1)2009 related **deaths** were reported since 11 January 2010:

1 in Croatia, 2 in Cyprus, 13 in Egypt, 13 in Mainland France, 7 in FYROM, 11 in Greece, 4 in Israel, 10 in Italy, 23 in Romania, 10 in Serbia, 1 in Slovenia and 3 in Tunisia.

In **week 01 (2010)**, intensity of influenza activity was:

- high in **Morocco**,
- medium in **Bulgaria, France, Greece, Israel, Malta, Romania and Turkey**.
- low in **Croatia, Italy, Serbia, Slovenia, Spain**.

- A recent decrease in consultations for influenza is observed in **Morocco** after a peak in week 51.
- In **Israel**, the decrease in consultations for influenza-like illness observed since week 46 continues.
- In **Tunisia**, sentinel surveillance for influenza-like illness and laboratory surveillance reported a decrease for the 3rd consecutive week.
- In **Italy**, in week 01, the sentinel surveillance system of community health physicians (Influnet) reported an incidence rate of influenza-like disease of 130/100 000 inh. corresponding to a slight increase compared with the previous week (117/100 000).

In the Middle-East (excluding EpiSouth countries):

- Since 11 January 2010, **5 new deaths** were reported: **3 in Kuwait** and **2 in Qatar**.
- To date, **431 A/H1N1/2009 related deaths** have been reported among **non-EpiSouth countries** of the region.

Global trends (outside the EpiSouth region)

As of 18 January 2010, **14 286 A/H1N1/2009 deaths** have been reported worldwide (including EpiSouth countries). The epidemic is overall receding worldwide. For further details refer to ECDC updates [2009 influenza A\(H1N1\) pandemic](#) and WHO [Situation updates - Pandemic \(H1N1\) 2009](#).

*Please note that considering the current epidemiological situation of the pandemic A(H1N1)2009, characterised by an overall decrease in the Mediterranean and Balkans region, **systematic updates will no longer be provided in the e-WEB** as of this week. In this regard, the effort put into elaborating the update no longer seems justified. However, the WP6 team will continue to monitor the situation and share on potentially relevant issues such as major changes in the epidemic (emergence of new strains, resistance to oseltamivir treatment etc.) as the urgency of the matter does not justify any longer the time allocated to the update.*